



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**GOVERNOR'S ADVISORY COUNCIL (GAC)
TO THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES (DDDS)**

March 17, 2016

The Governor's Advisory Council to the DDDS met on March 17, 2016, at the 1056 Woodbrook Conference Room in Dover.

COUNCIL MEMBERS PRESENT: Terri Hancharick, Chair
Thomas Rust
Gail Womble
Timothy F. Brooks, Ed.D.
Jamie Doane
Angie Sipple

COUNCIL MEMBERS ABSENT: Susan Pereira

STAFF MEMBERS PRESENT: Jill Rogers
Marie Nonnenmacher
Terry Macy
Pat Weygandt
Vicky Gordy (minutes)

GUESTS PRESENT: None

CALL TO ORDER: The meeting was called to order at 11:05 a.m.

NEXT MEETING: April 21, 2016

AGENDA-ADDITIONS: Consumer Survey Letter dated February 11, 2016

Consumer Survey Letter dated February 11, 2016

Stamped, self-addressed envelopes were enclosed with consumer surveys for easy submission. Unfortunately, there was no address on the envelopes sent to New Castle County participants. DDDS was aware of this oversight and is addressing appropriately.

Lifespan Waiver

DDDS continues to work on the CMS application and state plan amendment. The application target date for submission is January 2017. DDDS will ensure that public hearings are held and that the 30-day submission period is upheld for public comments.

As the actual services and thinking takes shape, DDDS plans to continue to send to a broad group of stakeholders for feedback. The general overall goal remains for people to receive necessary services throughout lifespan within one waiver.

Targeted Case Management is the uniform approach that DDDS is looking toward and is looking to Council for other elements that are important for families and people that we serve to understand. Targeted Case Management will assign a case manager for all people served by DDDS. Therefore, in addition to the connection of community resource functions supplied by Family Support Specialist currently, a plan will be developed and maintained for non-Medicaid eligible people served by DDDS, which is a key element that DDDS realizes is missing. Although Targeted Case Management will be managed by an outside source, DDDS will provide oversight activities.

Supported Decision Making

The draft of the Supported Decision Making bill that was discussed during the February 18, 2016, GAC meeting was distributed on March 14, 2016. The hope is to have the bill signing at the Supported Decision Making Summit scheduled on April 15, 2016. The purpose is to create an alternative option to guardianship.

Review of JFC & Budget

No changes have occurred to the DDDS budget presented to JFC on February 24th. Reportedly, the presentation was well received. Representative Smith spoke to the significant investment Delaware has made to the mental and behavioral health systems over the last several years and a similar investment in the disabilities infrastructure is welcomed from their prospective.

A member of the GAC spoke on his family's behalf during DDDS JFC hearing and was pleased that JFC responded positively regarding his remarks surrounding dental care.

Community of Practice Update

Approximately four or five years ago, five states began participating in a "Community of Practice" pilot with limited funding from federal government, which is administered by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) to create a quorum for families to have an opportunity to be empowered to create different realities in state systems. The goal is to create a national initiative in a pilot form for families to interface with their state's systems to create a new presence for families that have a lasting impact on state's systems. The five states each took on a different task that became an enormous network to tap into for newest nationwide innovations. All states chose the lifespan theme to develop needs particular to each state via family focus groups.

Connecticut participation included developing ten working committees on a wide variety of subjects, i.e. housing, communications, networking, etc. and four work groups. In total, approximately 500 folks, family members, and community members became deeply involved with setting a path toward a person/family driven service delivery system. This evolved to a developmental stage resource tool for families via the Connecticut webpage.

DDDS was awarded to participate beginning July once the opportunity was given for the next wave of states to apply. The program design requires a partnership between state systems and DD council. This arranges nicely with work DDDS is doing surrounding the Community Rule and Lifespan Waiver with the potential for the people we serve and their families to act as an organizing structure for input into

development of services and as a mechanism to formalize input. The key to this dynamic is that it will cause opportunity to develop partnerships with families. That partnership will create own realities to address issues.

DDDS will reach out for participants once launched in July through current and new avenues. DDDS would like input from GAC surrounding if communication mechanisms used are reaching families and other means that DDDS may utilize to connect with families effectively by engaging in the development of an outreach strategy. GAC would like to see new people with new ideas engaged in program. There is no limit to the number of participants.

“Community Practice” is the theme for the next NASDDDS conference. National statistic presents that 72% of individuals served reside at home while funding is not close to percentage. NASDDDS conferences are open to the public - the following link provides information:

<https://www.nasddds.org/conferences/>.

ACIST Project

DDDS is excited to begin development of the new two-year pilot project surrounding a dual diagnosis program called the Assertive Community Integration and Support Team (ACIST), with the intention to provide an alternate resource for individuals dually diagnosed with IDD and MH. DDDS received approval and one-time funding from DHSS to develop a dual diagnosis quasi-ACT team (assertive community treatment team based on a mental health model). The ACIST will provide a framework in which individuals with dual diagnosis have psychiatric supports and monitoring of medical conditions in a multi-disciplinary model. This well-trained team will provide intensive supports for someone in crisis or in need of such supports as a service option.

DDDS is contracting for one ACIST that will serve up to fifty individuals during the first contract cycle to include people served by the Division of Substance Abuse and Mental Health. The contracted provider will be responsible for providing an array of behavioral health services for the individuals with intellectual and/or developmental disabilities and severe persistent mental illness, statewide to include clinics. The RFP was posted on January 15, 2016, and closes tomorrow, March 18, 2016. The team plans a thorough analysis of bids with an expectation to award the bid in early-mid April.

Components include a Team Leader (master’s level clinician), a part time psychiatrist or psychiatric nurse practitioner, a RN, two case managers with a bachelor’s degree or higher with a background and experience writing and/or working with behavior plans, and one master’s level clinician. This team’s charge is to create services for people that are dually diagnosed with the first target group being people who have been in and out of institutions without successful treatment. DDDS case management team will continue to engage and provide services to include behavior supports to people while receiving ACIST service.

At the end of the contract cycle, DDDS will evaluate the efficiency of program with the hope to expand to an additional 25 individuals supported by DDDS. DDDS believes that the data will show a cost savings due to preventing hospitalizations and psychiatric center stays. In the future, DDDS hopes to build cost into the Medicaid program for Delaware to obtain matching funds.

DDDS has recently hired a crisis management case manager that will act as the facilitator to assist/direct the ACIST to ensure case review and other tasks are completed as required.

DDDS plans to reach out to people to publicize the ACIST service that may be the first of such in the country.

Dental Care

DDDS sought funding for dental services in past although no funding line specific to dental care has been established. DDDS supported budgeting for dental services in fiscal year 2016 budget unsuccessfully due to high cost. DDDS is attempting to research cost projections to examine the possibility of moving dental services to be a Medicaid service, cautiously.

Title 29; Service on GAC

As a general approach, a conflict of interest exists when a person is in a position to make a decision that affects their financial gain (business or individual). DDDS has the understanding that the GAC acts in an advisory capacity and has no decision making authority.

The DDDS Director will reach out to the Public Integrity Commission to request a presentation during a future GAC meeting. DDDS encourages all to connect directly with the Public Integrity Commission to receive answers to specific questions, as all are responsible to identify their own potential conflict of interest.

GAC members received the list of term expiration dates with a recommendation to begin reapplying now if term expires this year, if interested.

Discussion surrounded the possibility of revising Title 29 to include seats for self advocates (one from each County) that receive DDDS services. Another option is invite and/or publicize meetings widely to encourage participation. Reportedly, this subject was approached in the past, which resulted in struggling to get volunteers to participate due to transportation issues and/or work. Transportation needs would be met by DDDS. DDDS will identify the process to amend the language for future use if/when the GAC determines if necessary.

Community Rule

There were three (3) public hearings surrounding Delaware's Transition Plan in February. People with different interests attended (i.e., families, providers, people served) that provided different perspectives at the same time. All hearings were well attended (approx. 50 in NCC, 20 to 30 in KC and 20 in SC) and provided good feedback.

Public comments are being gathered as in the past to display questions and resolutions in a standardized manner. Comments that are received through March 22, 2016, will be included in the updated Transition Plan that will be submitted to CMS by March 31, 2016. Comments will continue to be accepted after March 22, 2016, that will be included in future revisions over the next couple of years. As the Transition Plan moves forward it becomes more detailed. All feedback is important to shape the plan; feedback surrounding what will be helpful for DDDS to do and what is important for DDDS to include is especially helpful. DDDS welcomes as many avenues as possible to receive feedback to shape plan.

DDDS' goal is to be a reflection of Delaware's plans and hopes for the implementation of the Community Rule. DDDS' intention is to be as inclusive and inviting as possible; if we are not, please let us know so we can change.

Key Issues DDDS Will Face in Near Future

DDDS is working for Delaware to become compliant with the Community Rule, continue development/approval of the Life Span Waiver, and possibilities of including dental services, in the spirit of truly following through with the commitment to person centeredness.

Looking inward challenges include effecting a culture change within DDDS that is supportive of person centeredness. Much work is completed and ongoing surrounding this subject. As DDDS moves toward targeted case management, DDDS must assure appropriate change in support of new system. DDDS use to employ many behavior analyst. Currently, behavior analyst services are coordinated via a provider agency. This did not work out well for one GAC member.

DDDS is responsible to change in support as external changes happen. DDDS is in the process of moving away from direct care (as other divisions are) and is moving more toward an oversight, assurance, and supportive role of the private sector as they build capacity. DDDS must determine a range of needs and meet them. DDDS hopes to continue to utilize the GAC to provide feedback for ideas moving forward.

The lack of communication families receive from DDDS is a large issue, per GAC member. In general, family's knowledge of navigating DDDS system and DDDS services is lacking. This has been an ongoing issue for years. Resources for supporting families are improving from past practices. It is important to explore new and more ways to communicate too.

Vacancy & Development Report

The Vacancy and Development Report was distributed and discussed with Council. Total vacancies equal 33 (3.6%); 20 in group homes (6 are ARC homes), 11 in community living arrangements with a capacity of 7 (vacancies never filled; not counted on reported until filled, then vacated).

Currently, 94 letters were sent prompting people to shop for placement. DDDS has been reviewing statistics due to length of time people are taking to choose placement. In some cases, people take over a year to choose, which is more common in New Castle region. Funding from Social Security going to agency rather than family once placed occasionally becomes an issue as well. Sometimes families back out at the last minute due to fear of transiting their loved ones.

Individuals can choose a different living arrangement while being supported by a residential provider agency. At the inception of "choice" during the first year, approximately 100 people moved from one agency provider to another. Case managers are repeatedly reminding individuals of residential service choices. DDDS must reinforce this message. Over time, there has been a culture change. First, people lived at Stockley Center. Then individuals began living in DDDS assigned ICF-MR Group Homes. Now people have a choice where they want to live, although the mindset of being assigned to a home may not have changed. DDDS must continue to explain and educate people served surrounding "choice".

Announcements and Informational Items

No announcements or informational items shared.

Adjournment

The meeting adjourned at 12:45 p.m.